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ABSTRACT

The paucity of research on children's conceptions of mental illness seems surprising considering the recent interest in social cognition and person perception in children, and the contention that stereotypes of mental illness are learned in childhood. A study was conducted in a large midwestern city to survey the attitudes of children toward variations of temper tantrums that could be construed as a symptom of psychological disturbance. Children (N=72) attending grades 6, 8, and 11 at two non-coeducational (but related) private schools were given the Opinions about Behavior Survey which presented three variations of temper tantrums in pictorial form. Children were asked to rate the stimulus figures on measures of liking, frequency of the behavior in peers, locus of control, and mental health, as well as 12 remediation items and 15 labeling items. A factor analysis revealed four labeling and three remediation factors. A repeated measures multivariate analysis found significant main effects for picture level, and significant univariate main effects for picture level for all variables except locus of cause and two remediation factors. There were no significant effects for grade or sex. Liking was highly correlated with good mental health and low frequency of inappropriate behavior. Continued research in the area of children's understanding of psychological disorder should help to explain the attitudes that children have toward their troubled peers in mainstreamed classrooms, how disturbed children view their own behavior, and how the adult's negative attitudes toward the mentally ill develop. (Author/NB)

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Children's Conceptions of Inappropriate Behavior

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Abstract

Seventy-two children in grades 6, 8 and 11 were given the Opinions About Behavior Survey, which presented three variations of tantrumming behavior in pictorial form. Children were asked to rate the stimulus figures on measures of liking, frequency of the behavior in peers, locus of cause and mental health, as well as 12 remediation items and 15 labeling items. A factor analysis revealed four labeling and three remediation factors. A repeated measures MANOVA found significant main effects for picture level, and significant univariate main effects for picture level for all variables except locus of cause and two remediation factors. There were no significant effects for grade or sex. Liking was highly correlated with good mental health and low frequency of inappropriate behavior. Results are discussed in terms of Scheff's (1984) theory of residual deviance.

Children's Conceptions of Inappropriate Behavior

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The paucity of research on children's conceptions of mental illness seems surprising considering both the recent interest in social cognition and person perception in children, and the contentions made by labeling theorists that stereotypes of mental illness are learned early in childhood (Scheff, 1984). Several studies present children with vignettes describing stimulus figures with distinct psychiatric syndromes, and then content-analyze the childrens' responses to the figures. Using vignettes, Marsden and Kalter (1976; Hoffman, Marsden & Kalter, 1977; Kalter and Marsden, 1977) found that children were able to distinguish normal from disturbed behavior, and viewed the severity of disturbance along the same continuum as professional clinicians. Psychotic behavior was viewed as more severe than anxiety. In Novak's (1974) study, which also used vignettes, the children did not seem to clearly differentiate among symptoms, and children's liking for the figures was not related to their assessment of the figures' mental health, as it was in Marsden and Kalter's (1976) work.

Chassin and Coglin (1983) used the Marsden and Kalter vignettes to study the causal explanations that children and adolescents gave for the various syndromes. They found that there were greater changes in type of explanation between the elementary and junior high subjects than between junior high and high school subjects. Although adolescents gave the most "psychological explanations," as a group they were the most inconsistent in the types of explanations offered.

Coie and Pennington (1976) found that those stimulus figures whose behavior was aggressive or violated social norms were most likely to be labeled as "different." Children in the first grade focused on the immediate

(1984) residual deviance model with developmental theory suggests that the labels children use to describe disturbed behavior would move from vague, nonspecific terms to abstract categories that resemble the adult's residual deviance categories.

This study hypothesized that there would be approximately four kinds of labeling factors: 1) non-specific global deviance terms such as "weird or odd," 2) slightly specific terms with an evaluative component such as "good or bad," 3) specific terms associated with personality or internal states, such as "moody or immature," and 4) psychological deviance terms such as "emotionally disturbed or maladjusted." Labels should be applied differently to stimulus figures depending upon the severity of the behavior and the age of the subject. Younger children would be more likely to use global and evaluative terms when describing the behaviors, while older children would use more personality and psychological deviance terms.

It was also hypothesized that a stimulus figure rated as " not mentally healthy" would also be rated as unlikeable, and that his behavior would be perceived as being infrequent or unusual when compared to his peers. Finally, it was hypothesized that subjects would be more likely to endorse punishment or task-oriented remediation when behavior was perceived as normal, and interpersonal intervention when the behavior was perceived as "not mentally healthy."

Method

Design. The study was designed as a 2x3x3 factorial with two between subjects factors (sex of subject and grade) and one within subject factor (stimulus picture level).

Subjects.Subjects were 72 children from upper-middle class families who attended two non-coeducational (but related) private schools in a large

midwestern city. Twelve boys and 12 girls were drawn from grades 6, 8, 11. The experiment was conducted in groups. Both the children and their parents signed consent forms indicating their willingness to participate in the study.

Materials and Procedure. Children were given the Opinions About Behavior Survey (OABS), constructed by the author. It consisted of a booklet with three series of five drawings and captions, similar to a comic strip, that depicted three levels of tantrumming behavior. Tantrumming behavior was chosen because it was easily depicted, could be manipulated on a continuum, and (as a subset of aggressive behavior) is often recognized by adults as evidence of emotional disturbance (Nunnally, 1961).

In the picture series of "appropriate behavior", designated as Level 1, a 13 year old male figure shook his fist and swore after making two mistakes sawing wood for a project; he then continued on with the project. In Level 2, a similar figure made the same mistakes but kicked a toolbox, banged a hammer on the table, and walked away. In Level 3, the figure made the same mistakes, but threw down the project and jumped on it until it broke. (Booklets were prepared with the levels in counterbalanced order.)

Each series of drawings was followed by 13 written questions designed to assess the subjects' judgments of liking, labeling, perceived frequency of the behavior in peers, locus of cause, etiology, remediation, and mental health. Subjects rated most items on a 5 point Likert-type scale. Labeling items consisted of 15 word pairs in a semantic-differential format designed to tap "residual deviance categories" (Scheff, 1984). Labeling terms were words known by 6th graders (Dale & Eichholz, 1960). For the remediation question, children rated the appropriateness of 12 possible consequences for each stimulus figure's behavior (e.g. "he should be punished," or "he should see a doctor"). Labeling and remediation were also tapped by three open-ended questions in which children were asked to "write down a few words." It should be noted that

analyze the 12 remediation items. Three factors accounting for 89% of the variance emerged from an orthogonal varimax rotation. These were labeled "retribution, interpersonal help and task-oriented factors." (See Table 3.)

Insert Table 3 about here

Factor scores were constructed by summing the standard scores for each labeling or remediation item loading on a given factor. (The one labeling item and 3 remediation items that loaded on two factors were not included in factor scores.) This procedure reduced the number of dependent variables to four labeling and three remediation scores, in addition to the four remaining direct measures of liking, locus of cause, perceived frequency of behavior in peers, and mental health.

Multivariate analyses

Hypotheses concerning developmental differences and differential attribution of dependent variables were tested with a repeated measures multivariate analysis of variance with grade, sex, and picture level as the independent variables, and the 11 dependent variables discussed above. As can be seen in Table 4, the MANOVA was significant for main effect for picture level, $F(22,45) = 40.803$, $p. \leq .001$. There were no main effects for grade or sex, and no significant interactions. Picture 2 was tested against Picture 3; univariate analyses for each dependent measure showed significant main effects for picture level ($p \leq .001$) for all variables except locus of cause, retribution and task-orientation factors (retribution approached significance at the $p \leq .05$ level). The figure in Level 1 was judged positively while the figure in Level 3 was judged negatively. Table 5 presents means and standard deviations for all variables.

Insert Tables 4 and 5 about here

Two raters classified responses to the open-ended labeling question into two categories: global/ psychological deviance terms and evaluative/ personality terms. Rater concordance was 83.3% for 20 surveys (containing 60 responses) chosen randomly. A separate chi-square test of association for grade by response category for each picture level showed a significant tendency for 8th graders to use more deviance terms when describing the figure in Level 3, $\chi^2_2=16.168, p \leq .05$. However, children did not use deviance terms regularly; there were a total of 28 deviance terms out of 216 responses, across all picture levels.

Responses to the open-ended remediation question proved so varied that they were not analyzed formally.

Correlations

Pearson product-moment correlations were performed for the variables of liking, perceived frequency of behavior and degree of mental health. Liking was positively correlated with mental health, $r=.669$, $p < .0001$, and also with perceived frequency of behavior, $r=.584$, p .0001. Finally, perceived frequency of behavior and mental health were also significantly correlated, $r=.513$, p .0001.

Discussion

The study demonstrated that children in grades 6, 8, and 11 were able to differentially rate three levels of tantrumming behavior on measures of liking, labeling, remediation, perceived frequency of the behavior, and mental health. Labeling factors followed hypotheses derived from a residual deviance model rather closely (Scheff, 1984). The description that consistently emerged

of each stimulus figure is easily summarized. The figure in Level 1 was well-liked, labeled as mature, patient and normal, and reacted to mistakes the way his peers would act. He might have needed help in building a bookshelf, but he was "totally mentally healthy." The figure in Level 2 was liked less, was labeled as less mature, more moody, and reacted the way half his peers would react. He was less mentally healthy than Level 1, and his parents should talk to him about his temper. Finally, the figure in Level 3 was not liked, was labeled as impatient and emotionally disturbed. Few children would have reacted the way that he did, and he was "not so mentally healthy." He needed professional help.

This study corroborated Marsden & Kalter's (1976) finding that liking was related to mental health. The significantly high correlations between perceived frequency of the behavior and liking and mental health suggests that even 11 year old children are able to make normative judgments of the deviant behavior of peers, and that these judgments are involved in their labeling of others. Normative judgments have been important in clinical settings as well; in a study of disturbed children in group treatment, Wright et al found that children liked others in their group when the peers conformed to group norms, even when the group as a whole was aggressive.

Factors involved in remediation partially confirmed predictions. Children's endorsement of interpersonal help factor, depended upon their beliefs about the severity of the behavior. However, in open-ended questions children often expressed reservations about the solutions they suggested. For example, one 11 year old concerned with the consequences of the behavior wrote that, "nothing should happen to Jeff [Level 1], unless it was expensive wood, in which case he should pay for it." A 16 year old stated that "Rob [Level 3] should be punished, unless this wasn't an isolated incident, in which case he should get professional help." Further research could determine whether

but also from an applied standpoint. It can help us discover the attitudes that children have toward their troubled peers in "mainstreamed classrooms," and may also aid us in understanding how disturbed children view their own behavior. Finally, understanding of children's conceptions of deviant behavior may explain how the adult's negative attitudes toward the mentally ill develop.

References

Chassin, L. & Coughlin, P. (1983). Age differences in children's attributions for deviant behaviors. Psychiatry, 46, 181-185.

Coie, J. D. & Pennington, B. F. (1976). Children's perceptions of deviance and disorder. Child Development, 47, 407-413.

Dale, E. & Eichholz, G. (1960). Children's Knowledge of Words. Columbus: Bureau of Educational Research and Service, Ohio State University.

Hoffman, E., Marsden, G., & Kalter, N.M. (1977) Children's understanding of their emotionally disturbed peers: A replication. Journal of Clinical Psychology, 33, 949-953.

Kalter, N. M. & Marsden, G. (1977). Children's understanding of their emotionality disturbed peers. II. Etiological factors. Psychiatry, 40, 48-54.

Kiesler, D. J. (1973). The process of psychotherapy. Chicago, Aldine.

Maas, E., Maracek, J., & Travers, J. R. (1978). Children's conceptions of disordered behavior. Child Development, 49, 146-154.

Marsden, G., & Kalter, N. M. (1976). Children's understanding of their emotionally disturbed peers. Psychiatry, 39, 227-237.

Novak, D. W. (1974). Children's reactions to emotional disturbance in imaginary peers. Journal of Consulting and Clinical Psychology, 42(3), 462.

Nunnally, J. C. (1961). Popular conceptions of mental health. New York: Holt, Rinehart, and Winston.

Phillips, J.L. (1969). The origins of intellect: Piaget's theory. San Francisco: W.H. Freeman & Co.

Scheff, T. J. (1984). Being mentally ill. (2nd ed.) New York: Aldine.

Werner, H. (1948). Comparative psychology of mental development. New York: Science Editions.

Table 1

Sample questions from the Opinions About Behavior Survey

1. Do you think you would like [fame] for a friend?
2. Do you think most kids would do what [.ame] did?

   if they were building a shelf?
3. Do you think [name] was the cause of what happened?
4. How mentally healthy do you think [name] is?

Note. All questions were rated on a 5-point scale.

Table 2

Labeling Factors-Nonorthogonal Rotation

Factor/item	%of variance	Loading
I-Global deviance terms	70	
weird/ok		.88
strange/natural		.81
unbalanced/balanced		.30
II-Personality terms	14	
impatient/patient		.85
moody/even-tempered		.78
immature/mature		.56
III-Evaluative terms	8	
delinquent/law-abiding		.83
naughty/well-behaved		.56
bad/good		.52
poorly-adjusted/well-adjusted		.31
IV-Psychological deviance	4.5	
emotionally disturbed/normal		.77
odd/all right		.72
mentally retarded/high achiever		.59
sick/well		.57

a Interfactor correlations

	1	2	3	4
1	1.000	0.471	0.572	0.747
2		1.000	0.511	0.503
3			1.000	0.692
4				1.000

Table 3

Remediation Factors

Factor	% of variance	Loading
I-Retribution	53.4	
juvenile hall		.65
payment		.65
punishment		.45
bad mark		.43
II-Interpersonal help	19.1	
parents talk to him		.67
professional help for problems		.66
make friends		.39
III-Task-orientation	16.7	
ask for help with project		.45
use directions		.44

Table 4

Summary Table of Multivariate Analysis of Variance

Variable	df/Hyp	df/Err	F	
Sex (S)	11	56	1.335	
Grade (G)	22	112	1.038	
S X G	22	112	1.142	
Picture (P)	22	45	40.803	*
P2 vs. P3	11	56	9.692	*
P1 vs. P(2+3)	11	56	42.636	*
S X P	22	45	.405	
G X P	44	90	.931	
S X G X P	44	90	1.058	

* $p \leq .001$

Table 5

Means and Standard Deviations for Picture Levels

	Picture Levels						
	I		II		III		
Variable [a] [b]	M	S.D.	M	S.D.	M	S.D.	
Global Deviance Factor	-0.934	0.704	0.117	0.718	0.817	0.662	*
Personality Factor	-1.159	0.745	0.421	0.548	0.737	0.275	*
Evaluative Factor	-1.124	0.581	0.379	0.587	0.744	0.596	*
Psychological Deviance Factor	-1.030	0.626	0.274	0.645	0.756	0.695	*
Retribution Factor	0.557	0.598	-0.173	1.019	-0.383	1.065	
Interpersonal Factor	0.840	0.763	-0.216	0.823	-0.623	0.780	*
Task-orientation Factor	0.283	1.129	-0.186	0.886	-0.096	0.916	
Liking	2.055	0.977	3.305	0.987	4.138	0.810	*
Locus of Cause	2.638	1.091	3.194	1.000	4.180	0.775	
Frequency of Behavior	1.805	1.000	1.763	1.027	1.708	0.862	*
Mental Health	1.416	0.707	2.444	0.918	3.166	1.021	*

[a] All factor means are means of standard scores.

[b] Scores for liking, frequency, locus of cause and mental health are on a scale of 1 (most positive) to 5 (most negative).

* $p \leq .001$ for main effect for picture level in univariate analyses of variance.